

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568964

FILING DATE

APPLICANT(S)

10/568964

2/1/67 CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3		2	2	1		
4		2	2	1		
5		2	2	1		
6	1	2	1			
7	1		1			
8	1		1			
9			1			
10			1			
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46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.			2		5	
TOTAL DEP.			14		35	
TOTAL CLAIMS			16		37	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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